COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION (Includes PCT)

Attorney Docket No. 66376-365-7

MAR 2 0 2008

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE AND	METHOD FOR THE	CONTINUOUS NON	I-INVASIVE MEASUR	EMENT OF BLOOD	PRESSURE
the specification of	of which (check one):	[] is attached here	eto.		
[X] was filed on	SEPT. 29, 2005	as Application Seria	I No. <u>10/551,189</u>	and w	as amended
on		_•			
[] was filed as P	CT international appli	cation no.	, filed	(if applicable).	And was
amended und	ler PCT Article 19 on			(if applicable).	
I hereby state that the claims, as am	it I have reviewed and ended by any amendr	d understand the con ment referred to abov	itents of the above-ide	entified specification	, including
	e duty to disclose info e of Federal Regulation		aterial to the patentab	oility of this applicati	on in accordance
my or our invention thereof or more the States of America subject of an invention	on thereof, or patented han one year prior to a more than one year ntor's certificate issue	for described in any posthis application, that prior to this applicated before the date of the force the date of t	ever known or used in printed publication in a t the same was not in ion, that the invention his application in any c entatives or assigns m	any country before m n public use or on s n has not been pate country foreign to the	ny or our inventior sale in the United nted or made the e United States o
inventor's certifica	ate listed below and	have also identified	States Code §119 of a d below any foreign on which priority is cl	application for pat	on(s) for patent o ent or inventor's
Prior Foreign Application(s)		,,	Priority Cla		ty Claimed
A 509/2003	AUSTRIA	Α .	1 APRIL 2003	[x]	[]
(Number)	(Country)		Day/Month/Year Filed		
	·			[]	Ľ
(Number)	(Country)) 1	Day/Month/Year Filed		
		•		[]	[]
(Number)	(Country	<u>')</u>	Day/Month/Year Filed	Yes	No
I hereby claim the listed below:	benefit under Title 3	5, United States Cod	le, §119 (e) of any Ur	nited States provisio	nal application(s)
Application No.	Day/Month/Year F	Filed Applie	cation No.	Day/Month/Year File	ed .

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date		Status (patented, pendi	ng, abandoned)
Application Serial No.	Filing Date		Status (patented, pendi	ng, abandoned)
Application Schair Vo.	. imig Date		ctatae (paternea, peria.	
I hereby appoint the register application and to transact all calls to telephone no. (202) 90	I business in the Pa	tent and Trademark O		
Address all correspondence 20005-3306.	to Dykema Gosse	tt PLLC, Suite 300 W	/est, 1300 Street, N.	W., Washington, D.
I hereby declare that all state information and belief are be willful false statements and the Title 18 of the United States Cony patent issued thereon.	lieved to be true, ar ne like so made are	nd further that these st punishable by fine or	atements were made with imprisonment, or both,	vith the knowledge th under Section 1001
Full Name of First Joint Inventor		Inventor's Signature		Date
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Lindenhofweg 16, A-804	3 GRAZ, AUSTRIA	a JAX	n Jul	Austrian
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Same as above				
Full Name of Third Joint Invento	r	Inventor's Signature		Date
Residence:				Citizenship
Post Office Address:	<u></u>			
Full Name of fourth Joint Invento	or	Inventor's Signature		Date
Residence:		<u> </u>		Citizenship
Post Office Address:				
Full Name of fifth Joint Inventor		Inventor's Signature		Date ·
Residence:		<u> </u>		Citizenship
Post Office Address:				